



July 24, 2009

David Wilderman
Acting Executive Director
Pennsylvania Health Care Cost Containment Council
225 Market Street, Suite 400
Harrisburg, PA 17101

Dear Mr. Wilderman:

On behalf of the Hospital of the University of Pennsylvania, we would like to thank you for the opportunity for comment on the 2006/2007 Open Heart Surgery report. After careful review of the report and the medical records of the individual patients, we would like to provide these additional observations.

The Hospital of the University of Pennsylvania cardiac surgeons treat heart conditions from the most common to the most complex, and are recognized nationally and regionally. This was recently documented in U.S. News & World Report which ranked us 9th for hospitals nationwide for heart surgery. We receive many of the sickest patients who are denied cardiac services at other institutions.

The PHC4 report cites 5 deaths in the CABG group representing a higher than expected mortality. Three of these patients were in cardiogenic shock on arrival to the operating room. Four patients were transferred from other hospitals to HUP after being refused surgery elsewhere. The fifth patient came directly to the ED at HUP after experiencing cardiac arrest in the field. To summarize, the majority of patients in this category who died at the Hospital of the University of Pennsylvania in 2006/2007 were at exceptionally high risk of perioperative death.

Patients with advanced heart disease, who have exhausted medical therapy, have limited life expectancies with very poor quality of life. Survival as well as quality of life of many patients can be improved with surgical revascularization. The unique group of patients who undergo this operation performed by Dr. Acker incur extraordinary risk far greater than other types of coronary artery bypass surgery.

We also wish to note that there were two medical coding errors which prevented optimal risk stratification.

At the Hospital of the University of Pennsylvania, we are proud of our reputation for exceptional patient care and will strive to continue to provide the highest level of cardiac surgical outcomes.

Sincerely,

Patrick J. Brennan, MD
Chief Medical Officer and Senior Vice President